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ORIGINAL ARTICLES.

Ptomaines.

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Read before joint meeting of the Golden Belt and Northwest Kansas Medical Societies, Ellsworth, Kas.

In studying the subject of ptomaines it is well to understand their origin.

A ptomaine is a chemical alkaloidal compound, basic in character, which is formed by the action of certain bacteria or micro-organisms upon organic matter during the process of fermentation. These germs are vegetable microscopic organisms, and have been duly classified; they belong to the class "algea."

Therefore being vegetable in character and the changes which they undergo during fermentation being chemical, the product—the ptomaine, or the proteid, or whatever it may be—must be permanent and uniform in character under like conditions.

These micro-organisms are divided into three general classes—the round, the long, and the spiral or spirelum.

These may be again divided into the toxogenic and nontoxogenic varieties, and by far the largest proportion of known micro-organisms are nontoxogenic, hence their resulting ptomaines are non-toxic, while the ptomaines of toxogenic germs are toxic. The character of the ptomaine is influenced or determined not only by the character of the micro-organism itself, but also by the character of the media in which the fermentation takes place. A toxic germ in one media may produce a nontoxic product, or only slightly so; while in another media the ptomaine will be of the most virulent toxic character. Therefore it naturally follows that these micro-organisms must have a suitable media in which to grow and multiply and develop their ptomaines or they will remain harmless in the locality where they exist. Most germs multiply very rapidly in suitable media, or they may lie dormant a long time under unfavorable conditions.

Take, for example, the bacilli of tuberculosis in dried sputa, and it will remain viable a long time; it may be pulverized and ground up and float in the air until it comes in contact with a suitable media, when it will grow and multiply and develop its ptomaines and do its deadly work.

The growth and multiplication of germs is by one of three ways: first by fissior or direct division; second, by spores or outgrowths; third by karyokinesis. The latter is the most common form of multiplication, and they multiply very rapidly under favorable conditions, some forms much more so than others.

There are three things necessary to the production of ptomaines, viz.: warmth, moisture and suitable media, and if either one of them is absent no ptomaines will be developed and the germs remain harmless, for no matter in what numbers they may exist, they are harmless unless their toxic ptomaines are developed.

Ptomaines are transition products of decomposition, and their stage of transition modifies their character very materially as well as their pathological action, and in studying this subject we must not confound them with leucomaines, which are also basic chemical compounds, but formed in living tissues, as the products of fermentative changes, or of retrograde metamorphosis. They are the alkaloidal products of physio-

logical change, and may or may not be toxic in character.

Now let us go one step further in the study of these ptomaines, and see how they produce their toxic or pathological effect. Being alkaloidal in character they are more or less soluble in the fluids of the body, and when once in solution they are readily taken into the circulation and carried to the nerve centers where they produce their primary effect, or by direct action upon the tissues in which they come in contact they produce their toxic effect. A good example to study because it is frequently observed, and because its symptoms are so characteristic and uniform, is the action of the alkaloids of the bacilli of tetanus: a traumatism is received, the germs of tetanus are introduced, the warmth, moisture and suitable media—devitalized tissue—is present, and in due time —from seven to nine days—tetanic symptoms begin. The wound is no larger, possibly it has healed externally, but beneath this external wound the ptomaines are forming; and first by rigor followed by fever and then spasms you know that the alkaloid has been carried to the nerve centers and is producing its toxic effect, just as sure as the alkaloid of nux vomica produces its similar effect when taken into the system, either hypodermatically or via the stomach; and they are both vegetable alkaloids and their action is very similar; but to show that the poison has been absorbed and taken into the system, you may cleanse the wound thoroughly, you may even excise all the surrounding tissue, or even amputate a limb, but you do not arrest the spasms, because it (the poison) has gone beyond the point of infection. What do you do? You control the effects of the toxic ptomaine until it shall be eliminated from the system, if possible, by the various emunctories. In other words you aid nature in eliminating the poison and support your patient, giving him the highest possible power of resistance.

So you take the bacilli of tuberculosis. You do not successfully attempt to destroy the bacilli, but you place your patient in the best possible condition to resist the growth and development of the germs and their ptomaines.

There are other very important elements to be considered in this connection: the leucocytes, in their capacity of phagocytes, and the nucleins of the blood, etc., all of which play an important role in studying the pathological effect of micro-organisms and their ptomaines.

I consider the socalled period of incubation of many of our zymotic diseases as only the period that is necessary to the development of the ptomaines after an infection.

Walnut Leaves in Scrofula.

Meditzinskoie Obozernie.

G. P. Rodionoff, of Moscow, on the ground of extensive observations of five years' duration, recommends the old fashioned popular treatment of scrofula by a prolonged course of a decoction of walnut leaves (*folia nucis juglandis*), which should be used both internally and externally in the form of local washes and general baths, made two or three times weekly. Little children should be given half a cupful, older ones a cupful or even a "jugful" of the "tea" every morning and evening. The leaves prove especially beneficial in cases of itching, eruptions, and enlarged glands. In the author's hands the treatment, the duration of which varied from two months to two years, failed only in a few exceptionally refractory cases, and in impatient and unmanageable children who did not take the "tea" in a regular manner.

CULBERTSON, of the *Lancet-Clinic*, says that "there are more doctors in proportion to the population in Louisville than in any other American city, and they are obliged to go to the national society meetings in order to breathe freely, *i. e.*, to get out of the crowd at home."

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Topeka, Kansas, Saturday, Nov. 10, 1894.

Syphilis and Prostitution.

Syphilis is as old as history itself, and as far back as we have knowledge of the doings of ancient peoples there were measures for the prevention of the disease and the suppression of vice. Thousands of people were put to death in an effort to eradicate the disease. It still prevails, and to what extent it complicates or influences the diseases of modern times the future may tell. We have quarantine laws to prevent the ravages of smallpox, cholera and most of the contagious or infectious diseases, but what means have we adopted for the prevention of this worse than all of the others, syphilis?

Our laws prohibit prostitution. We look upon "houses of ill-fame" as the greatest evil of mankind; yet in this beautiful city, the capital of the grandest State in the Union there are more prostitutes than at any time in its history. Police control cuts no figure here. Uncertain in their location, driven from place to place by their fear of detection, they scatter disease far and wide. Good sanitation necessitates some definite control over the vicious classes of our population, careful inspection and isolation of those affected with disease. Such means are used without the slightest hesitation in the suppression of other infectious diseases. Here, however, the successful operation of such a measure involves first official recognition of the existence of prostitution and a licensing of the same, which is a direct violation of those moral principles which are the basis of our civilization. How these ends may be accomplished without shocking the moral sense of the better class of people, is the question that is not easily settled.

The moral sentiment of the masses is stronger than their sense of the need of sanitary or hygienic laws, and for this reason we would naturally expect strong opposition to an attempt to enforce an apparent legal toleration of vice for the purpose of securing its better control.

It is claimed that where there is careful supervision of houses of ill repute by legal authority there is less venereal disease, but the statistics from cities which have adopted this plan do not bear out such statements. It is not these places that are the greatest breeders of disease, but it is the itinerant prostitute, the woman who despises the professional, fears a reputation, and conceals her crime under a cloak of respectability that most frequently leaves her mark upon the unsuspecting paramour. No ordinary legal restrictions are competent to reach such people. Respect for the law can be argued with but little force against the wiles of women and the passions of men.

There is a general concensus of opinion among medical men that people having infectious and hereditary disease should not be allowed to marry. A law requiring a certificate of health from each candidate for a marriage license would prevent a great

deal of the spread of both tuberculosis and syphilis.

It would not suppress the criminal element of society; it would not prevent prostitution; but it would aid in preventing the suffering of the innocent and the transmission of the disease from one generation to another.

Legislation.

We have received some letters from physicians in the State telling us that they have received no report of the convention, and have never seen a copy of the medical bill adopted at that meeting. The full report of the doings of the convention with a copy of the proposed law, was published in THE KANSAS MEDICAL JOURNAL of May 19. If any physician has failed to see this bill we will be pleased to send him a copy.

Twenty-five hundred copies of the bill were printed by Dr. Dykes, chairman of one of the committees, and were mailed to physicians over the State. As it was printed in circular form possibly some may have overlooked them. We hope every physician in the State will carefully read the proposed law and use every effort in its behalf.

Modern Materia Medica.

BY H. HELBING, F.C.S. Fourth enlarged edition. Price, $2.

The rapid introduction of new synthetical remedies, and the rapid advancement of the therapeutic applications of the older ones, has left all our works on materia medica and therapeutics far behind. We have all doubtless felt the need of a text-book which would give us accurate information upon the nature and uses of the numerous new remedies which have recently been discovered. This work has been written especially to supply this want. It gives a complete description, chemical composition and uses of all the new remedies discovered up to October 15, 1894. It is an invaluable work to the physician who wishes to keep up with the procession. We have made arrangements to furnish this work to our readers at $2, or the JOURNAL for one year and the book for $2.50.

Foreign Schools vs. American Physicians.

The following paper by Dr. W. S. Thorne, of San Francisco, in the *Pacific Medical Journal*, seems to us so clearly stated and so timely that we reprint it in full:

"'Unmannered dog! Stand thou when
I command,
Or, by St. Paul, I'll strike thee to my foot
And spurn upon thee, beggar, for thy boldness.'

England protects its medical men by a judicious provision, requiring all practitioners to obtain a licentiate, or a degree, from some authorized medical body *within* the United Kingdom; France, by denying the medical function to all, except to those possessing a French or Spanish (Mexican) qualification; Germany, by a prohibition against its own graduates, and until they have passed a further examination by a State board, independent of all the universities. Even *benighted* Mexico has established a wholesome law for the protection of its medical men, and it recognizes no medical degree giving a right to practice within its borders save and except the French. Such are the restrictive measures against foreign practitioners that prevail, for the most part, throughout Europe. Who *will question* the wisdom or the justice of such restrictions, tending, as they do, to promote the welfare and the sovereignty of a representative national body? We have no adverse criticism to pronounce against them. We approve them, and we indorse their practical application. When the government of Prussia—speaking through the Berlin University—refuses to recognize *any* diploma from an American medical college, we say, amen. When the French Minister of Public Instruction announces the law, that *all foreign* medical men *must* undergo the final examinations of the French candi-

date for the medical degree, we would give our assent: be it so.

But how much longer will the great body of American physicians patiently submit to the invidious discrimination against them by every foreign government? How much longer shall we tacitly submit to the foreign tradition, that the "medical sciences" are not *taught* in America; that the "medical sciences" are known and practiced *only* abroad? If the blood that warms in my veins as I write at this moment is a sample of that which should inspire my countrymen, we opine that it will not be long. We venture the assumption that this great and learned body will proceed to inquire if there is any special reason in law, ethics or the comity of nations why a certificate of medical attainment granted by a medical board in Prussia should entitle its possessor to rights and privileges *in America* that are not accorded in Prussia to the medical certificate from a learned body here? Why a diploma from a college in Prussia permits the holder to practice under it in this country, but is not considered a proper qualification in Prussia? Why men of equal intelligence and equal attainments are not equal in fact? Having traced the reason of this ruling through the arrogant pretense of *superiority*, we find, at last, the *true* explanation in *protection*—protection of home talent, protection to domestic genius, to home institutions and to fatherland.

When the great body of American physicians shall have fully realized the anomalous position it occupies, the stigma and gratuitous insult thrust upon it by an arrogant and presumptuous rival, *bidding* for *honor* and *lucre* before the world, when this cowardly national insult shall have been fully weighed by our local and national medical organizations, there will grow out of it, we trust, an irresistible movement in the direction of reform in the medical laws, that will effectually secure protection to *American physicians*. The great body of intelligent and influential citizens will personally enter into the canvass of every legislative candidate throughout every State in the Union. It will reject every and all candidates not pledged to enact a law requiring foreign physicians to pass a most rigid examination, equal to the final examination of the most advanced institutions; such examination *always* to be taken in the *English language*. And when a candidate shall have passed the examination, he may apply his *foreign sauce* to the American *goose* without let or hindrance. From the hod-carrier up through the trades' unions, the mechanic, the artisan, every industrial body throughout this broad land has its protective barriers. Inventive art, scientific devices and letters are providently fostered by patents or copyrights. The legal profession protects itself from encroachment by the itinerant and the incompetent. The medical profession alone stands without the semblance of protection from the insolent assumption of itinerant frauds and medical tramps from every capital and village in Europe.

Fostered by the doctrine of superiority to all the world in general, and to the American medical profession in particular, the foreign carpet-bagger assumes a supremacy with easy grace. The arrival of a *Medical Exotic* in a small community is an event of note. The community soon learns that the Imperial College in which IT grew, and by which IT is accredited, does *not recognize* the existence of such a *thing* as an *American Medical Diploma*, ERGO the local physician is not *qualified*, in a word he is *not* a physician; he is ———, an *American* pretender! His nationality and his education are against him. The prestige of the foreign gentleman holding a diploma from the *only genuine* medical school is too much for the *native* Æsculapius, and the "Original Jacobs" captures the community. Let the Yankee humbug be silent in the presence of this stupendous jugglery from "over the seas!"

What has become of American manhood or the blood of '76, that year after year thousands of well-bred, well-educated American gentlemen calmly submit to the arrogant assumption of a horde of medical tramps and impecunious tricksters who flock to our shores from every country under the sun, and whose only guarantee of medical attainment is a cabalistic suffix and a for-

eign name. Let our next Legislature and our National Association answer this question, and give to it a practical solution. We hereby disclaim intent to offend or insult any gentleman holding a foreign degree. We speak for even-handed justice to the honest and qualified American practitioner. We claim his right of protection against foreign insult and assumption. We thank God that we are American, that we are educated in this country, that we hold American degrees of which we are proud. We are speaking to a principle in American politics, and for medical ethics. If our laws regulating foreign immigration are not amended, the medical profession is only one of the many orders of society in this country that must be driven to the wall. As American citizens we claim the right of untrammeled speech, and as such we assume the responsibility of our language.

Chicago Gynecological Society.

At the sixteenth annual meeting of the Chicago Gynecological Society, held October 19, 1894, the following officers were elected to serve the ensuing year:

Dr. Franklin H. Martin, president.
Dr. A. J. Foster, first vice-president.
Dr. J. C. Hoag, second vice-president.
Dr. H. P. Newman, secretary.
Dr. T. J. Watkins, editor.

The retiring president, Dr. Fernand Henrotin, delivered an interesting annual address, after which the society adjourned to the annual banquet.

Dr. John B. Hamilton, J. B. Murphy, Health Commissioner Arthur Reynolds, Alex. H. Ferguson and others, were guests of the society.

South Kansas Medical Society.

The Fall meeting of the South Kansas Medical Society will be held in the council room, Arkansas City, Kas., Tuesday, November 20, 1894; sessions at 10 A.M., 1 and 7 P.M.

PROGRAM.

1. Whither Are We Drifting?—A. J. Chapel, M.D., Arkansas City.
2. A Report on the Treatment of Scarlet Fever—W. K. Harris, M.D., Mulvane.
3. Syphilis — W. D. McCleese, M.D., Wichita.
4. Renal Calculus, with Report of Case—O. J. Furst, M.D., Peabody.
5. Extra-Uterine Pregnancy, with Report of Case—J. C. McClintock, M.D., Topeka.
6. Diagnosis—C. Klippel, M.D., Hutchinson.
7. Gonorrhœa in the Male—J. Z. Hoffman, M.D., Wichita.

Chronic Caffeism.

National Popular Review.

Some weeks before his death M. Charcot was consulted by a Paris merchant regarding a peculiar condition of mind and nerves that afflicted himself and family, and which also seemed to be transmitted to any new domestic who resided with the family. The family were all extremely irritable, so much so that hardly a meal passed without some explosion and a scene. The least provocation was the signal for an outbreak; the father would storm, the mother would scold and the children would cry. A general hysteria seemed to control the whole family. The father was afflicted with tremors and involuntary gesticulations and was extremely irritable; the mother was subject to sudden attacks of violent migraine and was terribly hyperesthetic—a sudden noise, a too bright light, or any sudden impression would at times bring on attacks of general pain; the daughters were hypochondriacal and hysterical, and the boys were emaciated and nervous—and the youngest child, a little girl of eight years, was suffering from incoherent muscular movements and chorea.

In the middle ages the family would have been termed bewitched, and benedictions and exorcisms resorted to for their relief,

and several accused sorcerers or witches would in all probability have ended their lives on the wheel, at the stake, or by drowning in a vat.

An inquiry into the condition of the home developed the fact that the father was a coffee manufacturer and merchant, being extensively engaged in the roasting and packing of coffee and in the manufacture of coffee extracts and essences. The family lived in apartments above the factory and stores, and the furniture, clothing and rooms were all well impregnated with a strong coffee odor. A removal to the pure air of the seashore and a change of habitation on the return, greatly restored the family.

Charcot diagnosed the condition as one of chronic caffeism.

The French Public and the Serum Treatment for Diphtheria.

Medical Record.

A correspondent of *The Lancet* writes that public interest in the new treatment for dipththeria has taken a very practical form at Paris. The subscriptions now being received for the foundation of an antitoxin department of the Institute Pasteur, whose business it will be to supply the vaccine to the practitioners of France, have reached a total of $51,500. The Budget Commission has, on the proposition of M. Rouvier, voted 100,000 francs as a subvention to the Assistance Publique for the same purpose. It remains for the Chamber to confirm this vote. The Municipal Council has instructed its special commission to arrange with Dr. Roux for the distribution, at the Council's expense, of serum to different depots to be created in Paris. The Comite Consultatif d'Hygiene Publique de France, at its meeting yesterday at the Ministry of the Interior, resolved to address a congratulatory letter to Dr. Roux and his illustrious master, M. Pasteur, and also to ask of the Government an annual credit to facilitate the diffusion of the antitoxin. The enthusiasm shown in favor of the movement is extraordinary. For example, a livery-stable keeper offers a horse to the Pasteur Institute to serve for the preparation of the serum. A voto of 10,000 francs will be proposed at the next meeting of the Conseil General de la Seine. Numerous prefects of departments having addressed inquiries to the president of the Council, who is also Minister of the Interior, on the value of anti-diphtheric seropathy, the Minister referred the question to the Academy of Medicine, which body named a commission to study the matter. The commission, composed of MM. Bergeron, Proust, Cadet de Gassicourt and Strauss (reporter), to-day delivered its conclusions, which I transcribe *verbatim:* "Votre commission vous propose donc d'emettre un avis favorable sur l'emploi du serum antidiptherique, et de formuler, en outre, les vœux que l'Institut Pasteur soit mis en mesure de faire face aux demandes qui pourront lui etre faites soit par les medecins, soit par les pouvoirs publics."

Longevity and Drink.

Medical Record.

The British Medical Association has been investigating the question of longevity in connection with the use of alcoholic beverages. Deaths to the number of 4,234, taken at random, show the average age of temperate drinkers to be sixty-three years; careless drinkers, fifty-nine years; free drinkers, fifty-seven years; intemperate drinkers, fifty-three years; total abstainers, fifty-one years. The analysis in the case of those who reached the age of over eighty shows that fifteen per cent. were total abstainers, ten per cent. heavy drinkers, and seventy-four per cent. moderate drinkers. Of those who lived more than ninety years, fifteen per cent. were total abstainers, nine per cent. were hard and seventy-five per cent. moderate drinkers. These figures must be applied with some caution. A certain large proportion of total abstainers are so because of some form of ill-health or natural weakness.

Milk Diet in Typhoid Overdone.

Provincial Medical Journal.

Da Costa thinks the exclusive milk diet is a source of mischief rather than good, and recommends three parts of milk alternated with one broth. He, however, evidently does not recognize the fact that the latter has scarcely any food value, the little extract of meat it contains acting solely as a stimulant, and, moreover, with a great tendency to cause flatulence. It has on several occasions been pointed out that whenever curd can be seen in the motions too much milk is being given, and it may even indicate that it is not being digested at all. It is best replaced by white of eggs beaten up and largely diluted with water; in this way can be introduced any requisite amount of real food, and in the blandest and most readily digestible form; it leaves no solid residue, and can cause neither diarrhœa nor gaseous distension.

The Falkenstein Treatment of Pulmonary Tuberculosis.

Medical News.

We hear a good deal about the open air treatment of pulmonary tuberculosis, and the attempts to raise this method into a "system," as practiced at Falkenstein, in the Taunus mountain in Germany, are worthy of all praise, so far as they demonstrate to the world at large—which is not very believing in such matters—that tuberculous patients are all the better for open windows. At the establishments at Falkenstein, in addition to good food, cleanliness, perfect sanitation and most careful measures to prevent the diffusion of tuberculous dust, a definite attempt is made to enable the patients to pass their whole time in the open air. Plenty of rugs and clothing are allowed, and the rooms and corridors are plentifully supplied with heating apparatus, but except when actually dressing and undressing, the windows of the bedrooms must be open day and night, in all weathers and in all seasons, and during the day the patients dwell in the corridors or summer houses or altogether out of doors. The results are said to be satisfactory. One point is of much interest. The number of patients whom it is necessary to confine to their rooms hardly varies in the different seasons, being 8.5 per cent. in the summer and 9.33 per cent. in the winter months. It seems clear, however, that a treatment of this sort, if useful at a health resort, should be equally applicable to home life, and that the lessons taught by it are as important to the healthy as to the sick. If these delicate poitrinaires can bear open windows and fresh air, so can people in ordinary health, and there can be no doubt that people would be better off in every way if they very much lessened the difference between indoors and outdoors as regards both clothing and fresh air. The lesson to be learned, however, from the Falkenstein treatment is that a certain acclimatization is required, and that what is begun must be persisted in; a man who sleeps with open windows one week and shuts them the next is sure to suffer from disorders of the air passages.

Freckles.

M. Barthelemy applies, several times a day, a salve composed of:

℞	Resorcin	3x.
	Zinci oxid	3 iiss.
	Glycerin	3 ss.
	Adipis	3 v.
	Ol. Olive	3 ij.

M.

After using this preparation for three days the skin becomes parchment like and peels off. The following is then applied:

℞	Grenetin-alb	3 j.
	Zinci oxid	gr. xlv.
	Glycerin	3 i¼.
	Aq. dest	3 ij.

M.

Gokhru—Diuretic.

The Medical Summary.

This interesting drug is the fruit of Pedalium Murex, a plant belonging to the Sesameæ and common in the Madras peninsula. While its effect is mainly a diuretic one the drug has been found to possess an almost specific effect in most cases of nocturnal incontinence, and it has also proved very valuable in nocturnal emissions and in some forms of sexual impotence. In what cases of nocturnal incontinence of urine it is especially effectful has not yet been determined, perhaps for the reason that that complaint itself has not yet been thoroughly investigated, so that the various causes which may bring it about are not yet known. But so great has been the success of this remedy in some of these cases, that it may be well to try it in every one that proves unamenable to other treatments.

There also exists a Chota Gokhru, which is the fruit of Tribulus terrestris, another Indian plant. Of it we only know that it is used in Southern India as a diuretic.

The best form of employing Gokhru is the infusion, one drachm to two ounces, and of this infusion a pint and more should be administered per diem, but the infusion itself must be daily prepared, as an older preparation has a greatly diminished effect, showing that the action of the drug is due to an active principle which by longer contact with water undergoes important changes.

Treatment of Dry Seborrhœa of the Scalp.

California Medical Journal.

Dr. Geo. H. Rohe, in the *Maryland Medical Journal*, February 18, 1888, writes as follows in regard to the treatment of baldness due to or accompanied by dandruff, or dry seborrhœa of the scalp, which constitutes nine-tenths of the cases of baldness that apply for treatment:

The scalp is washed two or three times a week with a good tar soap, and afterward a lotion containing either sulphur or resorcin is applied and well rubbed in. The formulæ I generally use are the following:

℞
Resorcini puri..... ℥jss
Sp. myrciæ..... ℥viij
M

℞
Sulphuris præcip..... ℥ss
Sp. myrciæ..... ℥viij
M

A small quantity of glycerine or castor-oil may be added to either of the above, if the scalp is very dry. If preferred, an ointment may be used instead of the lotion. Either of the following will be serviceable:

℞
Sulphuris præcip..... ℥ss
Ungt. aquæ rosæ..... ℥j
M Ft. ungt.

℞
Resorcini puri .....grs. xv-xx
Ungt. aquæ rosæ..... ℥j
M Ft. ungt.

℞
Acidi salicylici .....grs. x
Sulphuris præcip..... ℥ss
Ungt. aqua rosæ ..... ℥j
M Ft. ungt.

A mild ammoniated mercury ointment is also often useful.

Regulation of Prostitution.

Journal of the American Medical Association.

At the recent Congress of Syphilography M. Dron offered the following propositions: Society ought to protect itself against venereal disease as fully as against any other of the contagious diseases. In order to lessen the ravages of syphilis, weekly inspections of the inmates of houses of prostitution should be imposed, and those exhibiting any symptom of venereal disease should be sent at once to hospital. While these measures would be beneficial they would not afford absolute guarantee, for all practitioners

have seen patients infected by inspected women in whom no symptom of the disease was detected; again, if the disease is in the secondary stage syphilitic lesions may manifest themselves in the interim between inspections. In case any prostitute exhibits syphilitic symptoms she would be interdicted from plying her vocation until all danger of contagion is past; to be positive three years should elapse from the time of the primitive lesion or from the first appearance of the secondary lesions; this is the length of time the proponent has exacted before permitting a syphilitic to contract marriage. In conclusion M. Dron thought the Congress would not be justified in indorsing a proposition to consider any female afflicted with syphilis as a prostitute! On the whole the American or modern proposed method of regulating this evil seems more decent and reasonable—to treat the male prostitute as at least equally culpable with his companion, and to subject him to the same measures of inspection, immurement in hospital and interdiction from his vocation and from marriage.

The Ohio Pure Food Law and "Vin Mariani."

COMPLETE VINDICATION OF THIS FAMOUS TONIC.

Professor C. T. P. Fennel, of Cincinnati, Chemist for the Ohio Food and Dairy Commission, and who made the analysis of "Vin Mariani" on which Mr. John Keeshan, a well known druggist of Cincinnati, was arrested on the charge of violating the Ohio Pure Food Law in the sale of "Vin Mariani," the claim being made by Professor Fennel that said preparation was not up to the standard within the meaning of the law, has now acknowledged that he has made a mistake in establishing what the standard is, and acknowledges to the Counsel of Mariani & Company that he had not, at the time of making his analysis, examined the latest edition of the United States Dispensatory, and that "Vin Mariani" is clearly and completely up to standard as established therein. The case against Mr. Keeshan for the sale of "Vin Mariani" is thereby disposed of, and Professor Fennel has also authorized the public announcement through the press of the fact that the sale of "Vin Mariani" in the State of Ohio is perfectly lawful, and such sale cannot be interfered with under the laws.

This clearly and completely vindicates the absolute purity of "Vin Mariani" and gives it this extremely rigorous additional official endorsement of its standard quality and purity, and this endorsement is only a reiteration of the uniform endorsement this world-famed tonic has received during the past thirty years at the hands of leading Medical Societies, Academies of Medicine, Hospitals, Clinics, professors and leading practitioners throughout this country and Europe.

To fully understand the importance of the outcome of this investigation, we need only cite an extract from the Ohio Pure Food Law, to show how rigorous and exacting are the nature of its provisions, and that "Vin Mariani" fully complies with such provisions is an emphatic endorsement of its most valuable properties.

The section bearing on the case is as follows:

"SECTION 1. That no person shall, within this State, manufacture for sale, offer for sale, or sell any drug or article of food which is adulterated, within the meaning of this act.

"SECTION 3. An article shall be deemed to be adulterated within the meaning of this act:

(1) If, when sold under or by a name recognized in the United States Pharmacopœia, it differs from the standard of strength, quality, or purity laid down therein; (2) If, when sold under or by a name not recognized in the United States Pharmacopœia, but which is found in some other pharmacopœia, or other standard work on materia medica, it differs materially from the standard of strength, quality, or purity laid down in such work; (3) If its strength, quality, or purity falls below the professed standard under which it is sold.

Diphtheria Antitoxine Solution.

Many physicians apply to us for information concerning the new diphtheria antitoxine remedies; supposing that a clear and terse explanation will interest all, we take pleasure in applying the following facts: There are three diphtheria antitoxines now in the market—Behring's, Aronson's and Roux's.

Behring's solution is supplied in three strengths, designated Nos. 1, 2 and 3. The No. 1 is recommended in treatment of diphtheria in children under ten years of age if seen on the first, second or third day, and for all incipient cases; advanced cases require repeated injections of the No. 1 solution or equivalent single injections of No. 2 or three. The injections should be made with the well-known Koch syringe, and preferably under the ribs, in the loins or the inner surface of the thighs. This antitoxine is perfectly innocuous. It induces no local or general disturbance. A vial of No. 1 contains 10 ccm., which is equal to 600 antiozine normals, and is sufficient for one case; No. 2 contains the equivalent of 1,000 antitoxine normals; No. 3 contains 1,500 antitoxine normals. The dose to be injected as a prophylactic to persons liable to be exposed to diphtheria is set down by Behring at 60 antitoxine normals of 1.10 the contents of a vial of No. 1; after infection, that is, during the incubation stage, he believes that 150 antitoxine normals ought to avert the development of the disease. The solution should be protected from light, and stored in a cool place; with proper care the solution will keep well for several months. The addition of 0.5 per cent. carbolic acid will prevent change of the solution through micro-organism, Supplies of No. 1 and No. 2 of this antitoxine are under way in consecutive installments, the first installment having arrived in New York October 22, and we expect more at frequent intervals.

Roux's is prepared in the Pasteur Institute of Paris, and was introduced to the attention of the medical profession through a detailed medical report of the author before the late Hygienic Congress at Budapest. This product is presumably identical with Behring's. It is not yet obtainable here, and we do not know how soon it will be available, since all the product manufactured is apparently reserved for use in France at present. President Casimir-Perrier visited the Pasteur Institute in Paris October 23, and conferred upon Dr. Roux the cross of Commander of the Legion of Honor. In replying Dr. Roux praised the German bacteriologists, Behring and Lœffler, whom he credited with being the real discoverers of the new remedies. This confirms the identity of Behring's and Roux's products, and the latter will presumably therefore not be sold in the United States.

Aronson's is made by Schering, of Berlin, and was the first of the three actually supplied in this country. Stock was available in New York in September, but it was exhausted in the first week of October. Additional supplies may come within a week or two. This preparation is of one strength only, and is supplied in 2 gramme vials and in 5 gramme vials. This Aronson's Antitoxine solution, it is stated, will assure immunity against diphtheria in children and adults by injection from ½ to 1 ccm. The application is made by a single injection by means of a sterilized syringe, and 1 ccm. is sufficient for children and adults, while ½ ccm. will suffice for small children. In advanced cases the doses are repeated once or twice. In Germany public collections are being made through the press for the purpose of buying this remedy and supplying it free for the treatment of the poor.

LEHN & FINK.

Lycetol.

Dr. Wittzack (*Allg. Medicin. Central Zig.*, No. 7, 1894,) calls attention to this new derivation of piperazine, which has been introduced by the Farbenfabriken vorm. Friedr. Bayer & Co., of Elberfeld. Lycetol is the tartrate of dimethylpiperazine and is

as fully effective as the base piperazine. Aside from the pronounced action of the base as a uric acid solvent, a favorable effect could be anticipated from this preparation, because the other component consists of tartaric acid (i. e., an alkaline tartrate) which has a prompt diuretic action, and also for the reason that the tartrate is converted into a carbonate in the organism and renders the blood alkaline. If the theory is correct that in gout in general there is no increased formation of uric acid, but that the blood of gouty persons is only faintly alkaline and therefore less capable of holding uric acid and its salts in solution, then the administration of this tartrate of a piperazine derivative must produce the combined effects of its components. Lycetol also possesses the great advantages of having an agreeable taste and if some sugar be added it is cooling like lemonade, and does not excite repugnance when administered for a long time. On account of its freedom from hygroscopic properties it can be dispensed in the form of powders. Wittzack has employed lycetol in seven cases of uric acid diathesis with excellent results. After its administration he observed: 1. A considerable increase in the secretion of urine. 2. That the remedy was well tolerated without producing any disturbance of the general health. 3. A subsidence of the gouty symptoms, an absence of the otherwise periodical recurrences of gout, and a considerable diminution of urinary gravel under its continued use.

A Gentle Laxative.

Medical Mirror.

The profession as well as the public have long appreciated the importance of a simple laxative. Time out of mind remedies have been in every day use in the home for this purpose, but it remained for the California Fig Syrup Company to furnish a pleasant, potent, perfect laxative, safe to be used in the home of members of the family of all ages.

The company has frankly informed the medical profession that the chief laxative ingredient of their compound is senna, so treated that all tendency on its part to gripe and produce irritation and subsequent debility in the bowels is removed. The chief feature claimed by the company for their Syrup of Figs is the fact that the component parts of the product have all disagreeable taste disguised by a mingling of aromatic carminatives in such a way as to make it really pleasant to the taste; and these aromatics at the same time overcome all disposition on the part of the drug to pain and discomfort; and carryng, as it does, the stamp of the company's responsibility, it is always reliable and uniform in its effects.

It is conceded by every practical physician that a family laxative is one of the few medicinal agents which they will entrust to family use, and surely anything which will tend to assist in the relief of that bete noire of child and adult life—constipation—is a helper in the direction of general healthfulness.

The medical profession has not only consented to the use upon the part of the families under their care of Syrup of Figs, but when desiring to order gentle purgatives and simple laxatives they cheerfully specify in their prescriptions the product referred to; and the wonderful success of this gentle family laxative is largely owing to its universal use by the medical profession.

The Correction of Urinous Odor.

Medical Record.

It is well known that the essence of turpentine gives, when taken internally, an odor of violets to the urine. This fact has been put to good account by a learned professor, who has for some time been in the habit of giving the essence in ten-drop doses three times daily to persons afflicted with incontinence of urine. In a short time the disagreeable odor of the secretion is replaced by the characteristic odor of the violet, to the great satisfaction of those about the patient. The treatment can be continued without inconvenience for several weeks, and is only counter-indicated in gastric catarrh and nephritis.